

**GHYLLSIDE OUT OF SCHOOL CLUB  
2017 - 2018**

**MEDICAL INFORMATION FORM**

Please ensure that you complete a medical form for each child attending Ghyllside Out of School Club.

Name of child: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Doctor's tel. No: \_\_\_\_\_

<b>MEDICAL INFORMATION RELEVANT TO GHYLLSIDE OUT OF SCHOOL CLUB (E.G.HEARING, SIGHT, ALLERGIES, ASTHMA, EPILEPSY, DIABETES ETC AND MEDICATION NECESSARY)</b>
<b>ADDITIONAL NOTES</b>

**Emergency Medical Treatment for \_\_\_\_\_ (Name of Child)**

In the event of my child requiring emergency medical treatment or first aid at the Accident and Emergency Department of Westmorland General Hospital, Kendal or Royal Lancaster Infirmary.

\*I give my permission      \*I do not give my permission

for such treatment or first aid as may be deemed appropriate by the Hospital.

Signature of Parent/Carer .....

Date .....

\* Delete where appropriate.

## **Suncream/Plasters**

I give my permission/I do not give my permission\* for suncream/plasters\* to be applied to my child if necessary.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Ghyllside Out of School Club would like to take this opportunity to remind you that accident insurance is available at very reasonable rates that would ensure appropriate cover is provided at the Club and throughout school.